



PTO/SB/17 (07-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2006		Complete if Known	
		Application Number	09/825,533-Conf. #9781
		Filing Date	April 2, 2001
		First Named Inventor	Michael R. HUFFORD
		Examiner Name	M. A. Gottschalk
		Art Unit	3694
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
TOTAL AMOUNT OF PAYMENT (\$ 455.00)		IVQ-002RCE	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
<u>- 20 =</u> _____ <u>x</u> _____ = _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>HP = highest number of total claims paid for, if greater than 20.</u>					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
<u>- 3 =</u> _____ <u>x</u> _____ = _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>HP = highest number of independent claims paid for, if greater than 3.</u>					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>- 100 =</u> _____ /50		(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

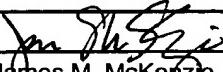
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...)

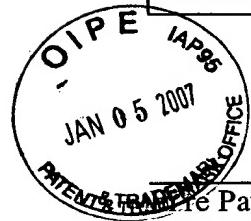
395.00

2251 Extension for response within first month

60.00

SUBMITTED BY	
Signature	
Name (Print/Type)	James M. McKenzie, Esq.
Registration No. (Attorney/Agent)	51,146
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Date	January 5, 2007

Docket No.: **IVQ-002RCE**
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

The Patent Application of:
Michael R. Hufford *et al.*

Application No.: 09/825,533

Confirmation No.: 9781

Filed: April 2, 2001

Art Unit: 3694

For: **SYSTEM FOR CLINICAL TRAIL SUBJECT
COMPLIANCE**

Examiner: M. A. Gottschalk

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the Attorney Docket Number for this application should now be as follows:

IVQ-002RCE

Please reference **IVQ-002RCE** on all future correspondence.

Dated: January 5, 2007

Respectfully submitted,

By


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